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PLACE OF BIRTH  
County of Hila  
District of Young  
Town of \_\_\_\_\_  
or \_\_\_\_\_  
City of \_\_\_\_\_  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 156 State Index No. 135  
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 269  
Local Registrar's No. \_\_\_\_\_

FULL NAME OF CHILD Johnie Fay Jackson { Born } YES  
If child is not named, make Supplemental Report on blank obtainable from local registrar. { Alive } NO  
Sex of child Girl Twin, Triplet single and { Number in order of birth 2 Legitimate? yes Date of Birth May 19<sup>th</sup> 1917  
(Month) (Day) (Yr.)

FATHER  
Full Name John F. Jackson  
Residence Young, Arizona  
Color or Race White American Age at last Birthday 31 (Years)  
Birthplace Texas  
Occupation Ranching

MOTHER  
Full Maiden Name Callie Fay Jackson  
Residence Young, Arizona  
Color or Race White American Age at last Birthday 20 (Years)  
Birthplace Eastland Co. Texas  
Occupation Housewife

Number of child of this mother 2<sup>nd</sup> Number of Children, of this mother, now living 1 Were precautions taken against Ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on May 19<sup>th</sup> 1917, at 11<sup>1/2</sup> A.M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) John F. Jackson  
Attending physician, midwife, householder. (\*)

Given or Christian name added from a

Supplemental report \_\_\_\_\_ 1917

Filed \_\_\_\_\_ 1917

A True Copy

115-519-332  
COUNTY REGISTRAR.

Filed June 20 1917

Address Young, Arizona  
Milton J. Thompson  
LOCAL REGISTRAR.  
D. S. S. S.  
COUNTY REGISTRAR.